



SADDLE LAKE EDUCATION AUTHORITY

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2026-2027

STUDENT TRANSPORTATION SERVICES

PARENTS

Have a completed form submitted before children ride the bus.

We are also asking parents/guardians to review the Bus Safety Rules with their children.

Time

spent in reviewing the Bus Safety Rules may prevent a problem at a later date.

*It is mandatory that all the required fields * be filled out. A form must be filled out for EACH child.*

* STUDENT NAME: _____ First, Middle, and Last * AGE: _____

* D.O.B: _____ * TREATY# _____ * BAND: _____

* GRADE ENTERING: K4 K5 1 2 3 4 5 6 7 8 9 10 11 12

* SCHOOL ATTENDING: (PLEASE CHECK ONE)

____ ONCHAMINAHOS SCHOOL
____ ASHMONT ELEMENTARY
____ ASHMONT SECONDARY
____ GLEN AVON
____ RACETTE JR. HIGH

____ KIH EW ASINIY EDUCATION CENTRE
____ VILNA SCHOOL
____ ST. PAUL ELEMENTARY
____ ST. PAUL REGIONAL HIGH SCHOOL
____ S.P.A.E.C

* LAST SCHOOL ATTENDED: _____
(Name and phone number of last school)

* PARENT/GUARDIAN: _____
(Print first and last name clearly)

* PHONE NUMBERS:
HOME: _____ WORK: _____ CELL: _____

* LOCATION:
RESIDENCE: _____ HOUSE NO: _____ ROAD NO: _____

OFFICE USE ONLY

BUS NO: _____ DRIVER NAME: _____

THANK YOU!



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